| | | | | Application or Docket Number | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|--------------------|----------------------------------------------|----------|------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 U U 4 5 5 4 9 | | | | | | | 44 | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALL ENTITY OTHER THAN TYPE CR SMALL ENTITY | | | | |
| TOTAL CLAIMS | 57 | | RAT | E FEE |] | RATE | FEE | |
| FOR | HUMBER FLED NUMBER EXTRA | | BASIC | FEE 370.00 | OR | BABIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | 57 minus 20= 1 37 | | X\$ 9 | - 333 | OR | X\$18= | | |
| INDEPENDENT CLAIMS | 4 minus 3 = / | | X42 | = 40 | OR | X84= | | |
| MULTIPLE DEPENDENT CLAIM P | II PRESENT | | +140 | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | TOTA | | OR | TOTAL | | |
| CLAIMS AS | | - [/4] | 30 | OTHER | THAN | | | |
| (Cotumn 1) (Calumn 2) (Calumn 3) | | | | LL ENTITY | OR | SMALL | ENTITY | |
| CLAMS REMAINING AFTER AMENDMENT | NICH NIA PREVI PAID | BER PRESENT OUSLY EXTRA | RATI | ADDI- E TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AFTER AMENDMENT Total | Minus - S | 7. | X\$ 9 | = | OŖ | X\$18= | | |
| tndependent • | Minus - | (f - | X42 | • | ОЯ | X84a | | |
| FIRST PRESENTATION OF M | ULTIPLE DEPENDEN | CLAIM | +140 | _ | ОĦ | +280= | | |
| | | | | W. | OR | TOTAL | | |
| 121 05 (Column 1) | (Colui | mn 2) (Cotumn 3) | ADDIT. F | *EE | J | ADDIT. FEE | | |
| D REMAINING | HIGH NUM PREVI PAID | BER PRESENT OUSLY EXTRA | RATI | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AFTER AMENIORIENT Total - 42 Independent - 3 | Minus -5 | 7 | X\$9 | 3 | OR | X\$46= | | |
| Independent • 3 | Minus *** | 4 - | Xee | 28 | OR | 7.0c XB4= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | +140 | | OR | +280= | | |
| | • | | 101 | | 0 | YOYAL ADDIT, FEE | | |
| (Column 1) | (Colu | mn 2) (Column 3) | ADDIT. F | | | ruuri. FEE | | |
| CLAIMS CLAIMS REMAINING | HIGH NUM PREVX PAID | EST BER PRESENT DUSLY EXTRA | PATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AFTER AMERICALENT Total Independent • | Minus | • | X\$ 9: | | OR | X\$18= | | |
| Independent • | Minus | | X42- | | OR | X84≃ | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | + | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than 20. enter "20." | | | | AL . | OR OR | +280= TOYAL ADDIT, FEE | | |
| ** if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | |
| | | | Description of the | rtemark Office U | S 050 | ADTLENT OF | COMPERCE | |

Application or Docket Number